

Health
Innovation
Manchester

GREATER MANCHESTER DIGITAL PRIMARY CARE INSIGHT FULL REPORT

Key findings from engagement June-July 2020

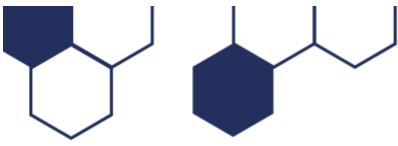
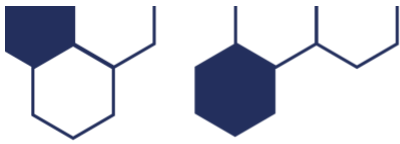


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1 EXECUTIVE SUMMARY

This report provides the detailed insights derived from involving and engaging the citizens of Greater Manchester (GM) to test the assumptions of the GM Digital Primary Care Outcomes and Standards Framework. This framework was co-produced and led by Health Innovation Manchester (HInM) as an output of user-centred design workshops (May and June 2020) with GPs, practice managers, health and care managers, technical experts and the public. A wider engagement plan was then designed to enable more extensive feedback on components of the framework to further inform the digital transformation of primary care services.

The HInM Public and Community Involvement and Engagement (PCIE) team worked in partnership with members of our core PCIE panel and the Greater Manchester PCIE forum to co-design and conduct a range of engagement activities during June and July 2020. These activities included an online survey circulated widely to engage a broad range of citizens from across GM (449 respondents). In order to include the voices of seldom heard communities or those who commonly have high levels of need for primary care services we also conducted one-to-one telephone interviews (5 participants) and online discussion groups (26 participants) focused on the following:

- Over 70s
- People living with mental health issues and/ or learning difficulties
- People from Black and Minority Ethnic Groups, including where English is not a first language
- People shielding due to long-term conditions

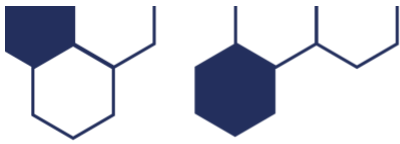
The findings of the Digital Primary Care Engagement Programme highlight some positive experiences, negative experiences and common areas for improvement. Survey responses and discussion groups indicated a high level of agreement regarding the importance of the patient expectations included in the outcomes and standards framework (see appendix 1). Comments provided by survey respondents and within online discussions raised key issues mapping to four domains for patient outcomes within the framework as follows:

Getting access to GP services including online

- Many respondents to the survey reported experiences of efficient and good access to primary care (almost half of comments) whilst social distancing has been in place
- Participants in the discussion groups also described a high level of confidence that they could access primary care when needed, and recognised the potential for digital tools to improve access whilst easing pressures within the NHS
- Almost one third of survey comments were reporting barriers to getting access, including problems with the technologies being used and difficulty getting through by telephone
- Many participants in focus groups were concerned about difficulties with using digital tools and both survey respondents and focus group participants highlighted the need for support for those without skills or technologies needed (e.g. digital devices / internet connection)

Receiving personalised care with choice regarding how to access services with the right professional

- Discussion group participants talked about the potential role for digital tools to enhance the patient experience especially for people who might otherwise have difficulty getting to a surgery
- Survey and discussion group participants commonly reported difficulties getting a response by telephone and having no choice regarding preferred type of consultation or professional



- Both the survey respondents and discussion groups indicated concerns regarding communication barriers associated with remote consultations, and things that might be missed by not having a face-to-face appointment (e.g. getting the wrong diagnosis, or being prescribed medication without examination)
- Communication issues were viewed as especially important for people who are already disadvantaged e.g. people where English is not a first language; older people with complex health problems; people with communication impairments or mental health problems

Empowerment and support for self-management and care

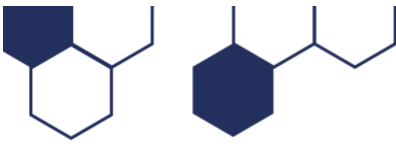
- Survey comments were mixed with some indicating a greater sense of control, whereas some felt disempowered often due to lack of choice or lack of continuity to support self-management
- Both survey and discussion group participants commonly mentioned the need for improved information and guidance to support the new ways of delivering services in plain language and accessible formats.
- There was concern from survey respondents and discussion group participants that people who are already disadvantaged could be disempowered by the changed services
- Discussion groups thought that self-management could be improved with digital tools but there needs to be good organisation, such as support for patients to prepare for a remote consultation and good follow up

Support for carers to access services for someone they care for

- Positive comments to the survey indicated respondents commonly felt confident that they could access services on behalf of someone they care for
- A number of survey respondents and discussion group participants mentioned organisational barriers making access difficult especially when carers did not share the same GP as the person they care for
- Survey respondents and discussion groups stressed the need for staff to consider communications barriers such as hearing impairments or language barriers, and the need to ensure good communication with carers

Additional key issues raised across the public engagement work include:

- Digital solutions should be co-designed to ensure they are user-friendly. This should include involving patients with limited digital literacy and/or additional needs.
- The public need reassurance that GP's and other health care professional are adequately trained to provide remote consultations and triage
- People would like information and reassurance that their personal data is safe and secure

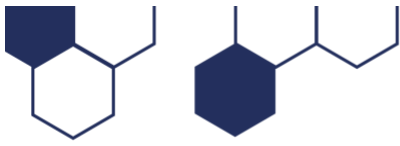


Conclusions

The engagement programme indicated widespread agreement on the importance of outcomes identified in the GM Digital Primary Care Outcomes and Standards Framework that has been developed with public members, GPs, practice managers, health and care managers and technical experts.

It is positive that a high proportion of people responding to the survey and participating in discussions reported positive experiences of getting access to primary care using digital tools at a time of rapid service change during the pandemic.

The programme has also highlighted many concerns and experiences of barriers in accessing primary care providing insights into areas for future improvement, as well as training and support needs to ensure positive and equitable outcomes.



2 BACKGROUND

In response to the spread of COVID-19 and social distancing requirements there has been a rapid increase in the use of digital tools to support patient access to primary care. NHS figures suggest that the share of GP appointments that were undertaken remotely has risen considerably over the past few months (February to May 2020). This is a significant change for many patients, clinicians and practice staff.

To ensure that the digital transformation of primary care services across GM has consistent standards and outcomes, HInM has developed the GM Digital Primary Care Outcomes and Standards Framework. The framework will support the implementation of digital platforms in GP practices across the GM footprint by setting standards and identifying outcomes that will maintain high quality and consistent patient care.

It is key that primary care services align to the needs of the GM population and as the use of digital tools has increased so quickly it is essential that people using these services are able to influence how they are delivered. The GM Digital Primary Care Outcomes and Standards Framework was co-designed through a series of design groups comprising representatives from across GM including public members, GPs, practice managers, health and care managers and technical experts. To gather further feedback a programme of wider public community involvement and engagement activities has been carried out to test assumptions and inform further development of the draft outcomes and standards framework.

3 METHODS

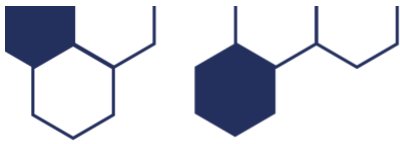
Summary of involvement and engagement activities

The HInM Public and Community Involvement and Engagement (PCIE) team worked in partnership with members of our core PCIE panel and the Greater Manchester PCIE forum to co-design and conduct a range of engagement activities during June and July 2020. These activities included an online survey circulated widely to engage a broad range of citizens from across GM (449 respondents). In order to include the voices of seldom heard communities or those who commonly have high levels of need for primary care services we also conducted one-to-one telephone interviews (5 participants) and online discussion groups (26 participants) focused on the following:

- Over 70s
- People living with mental health issues and/ or learning difficulties
- People from Black and Minority Ethnic Groups, including where English is not a first language
- People shielding due to long-term conditions

Survey co-design design, recruitment and participation

The survey was co-designed by the HInM PCIE team in partnership with the two public contributors who had also taken part in the design workshops for the digital primary care outcomes framework (Nasrine Akhtar and Nick Filer). Questions focused on five main sections to reflect the topics covered within the draft framework including: getting access; getting timely response by chosen method; getting personalised care; being empowered to manage own health; getting access on behalf of someone being cared for. Each section contained multiple items reflecting content of the outcome and standards



framework relevant to patient experience. Respondents were asked to rate how important they perceived each item to be (very important, important, not important, don't know), and were also presented with a free text box to provide comments on their experiences relevant to each section (see appendix 2 for an example of items included in the survey).

The survey was distributed via information about the project and a link to an online survey. It was circulated across GM via social media and communications with HInM partners and existing networks, including the HInM Greater Manchester PCIE Forum¹ and the HInM PCIE Panel². We also circulated the same information via the NIHR Research for the Future³ database which is a registry of over 6,000 people (mainly with existing long-term conditions) who have consented to contact for involvement and participation in research.

Virtual Discussion Groups & interviews: co-design and recruitment

HInM PCIE Manager (Nicky Timmis) worked in partnership with community champions, Nasrine Akhtar founder of Awakening Minds⁴ and Paul Hine Co-Director of Made by Mortals⁵ to co-design and co-facilitate four virtual discussion groups involving the following patient groups:

- Over 70s.
- People living with mental health issues and/ or learning difficulties.
- BAME citizens including where English is not a first language.
- People shielding due to long term conditions.

This activity involved 26 public contributors across 4 virtual discussion groups with an additional 5 public contributors who were local community leaders (within BAME community organisations: Army of Kindness; Al Farkan Mosque; Lambert Habayeb Association; Caring & Sharing; Nigerian Community Association) participating in one to one telephone interviews. Participants involved in this element were reimbursed for their time⁶.

¹ **One Manchester Forum** brings together public and community involvement and engagement leads and partner organisations from across GM. It currently has more than 30 members which includes representation from other public patient involvement and engagement groups (such as UoM PSTRC PRIMER), the NIHR Public Programmes Team, the 4 Universities, NHS and Mental Health Trusts. It also includes significant representation from the voluntary sector. The purpose of the Forum is to work together to share information, resources and ideas that will support diverse public involvement and engagement, reflecting needs and priorities of all citizens of Greater Manchester.

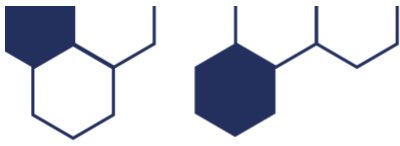
² **HInM Public and Community Involvement and Engagement Panel** brings together 18 local people from different socio-economic and cultural backgrounds. Members have a wide range of skills, knowledge and lived experience which enables HInM to bring public perspectives and insights to our portfolio of work. By involving the public in this way, it is enabling us to realise our ambition; to improve the health and wellbeing of the citizens of Greater Manchester.

³ **Research for the Future, Manchester University NHS Foundation Trust** supports 300 principle researchers undertaking research across a diverse range of clinical areas to deliver improved diagnostics, treatments and devices for patients in Manchester and beyond. Research for Futures recruits local people living with one or more long terms conditions including diabetes, heart, kidney or respiratory disease to get involved and influence this work.

⁴ **Awakening Minds** is a grass roots, specialist Punjabi service provider in Rochdale, that delivers bespoke community based mental health support, training and other services to BAME communities and other marginalized or under-represented groups.

⁵ **Made by Mortals** brings lived experience to life through interactive performing arts workshops and events, more recently using digital methods and platforms. Using the principles of co-production, we work in collaboration with health and social care organisations and groups of people with a diverse range of lived experience to support people to play a greater role in designing, delivering and evaluating their services leading to a better understanding and response to the needs of people with complex issues.

⁶ It is important that HInM can involve and engage with people from different backgrounds and communities regardless of their financial status and that we acknowledge and recognise this contribution through a structured system of payments and reimbursements. Public contributors involved in the DPC project virtual groups and telephone interviews received a payment of £25 which included a £5 contribution towards the cost of internet access. This activity was also recognised through personalised thank you letters and a HInM 'outstanding contribution' certificate.



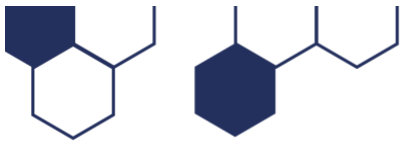
A one-page, plain language invitation to promote the project which was circulated by NIHR Research for the Future and via community champions to reach relevant seldom heard communities⁷. In addition to sharing knowledge and expertise, it was also possible to capitalise on progress community champions had made around digital inclusions during the pandemic⁸.

The community champions who had pre-existing relationships and trusts built over time and were able to communicate an overview of the project and the purpose of the discussion groups in a person-centred way. The support and involvement of these organisations led to insights and experiences of communities that may not have been otherwise accessible. For example, Nasrine Akhtar suggested that one group should focus on the experiences of BAME women. This is because they represent a seldom heard group that often face multiple disadvantage, and that these sessions should be delivered in Punjabi⁹. In relation to Made by Mortals discussion groups, it was agreed the sessions should include a ‘soft start’ so participants could still enjoy a combination of games and musical theatre, before moving on to explore the discussion group questions. It was also agreed that Paul Hine should continue as lead facilitator.

⁷ **Community Champions** - utilise the knowledge, experience, relationships and networks of public contributors and external community-based organisations to engage with the wider public. In relation to the DPC project local included local BAME communities, people aged 70+, people living with mental health issues and/or learning difficulties.

⁸ In response to the pandemic, Made by Mortals established a free phone line, provided access to devices and supported service users to develop their digital literacy skills. Awakening Minds had adopted a similar strategy; establishing a WhatsApp group to support the seamless delivery of their services to local BAME communities in Rochdale.

⁹ Nasrine Akhtar highlighted that BAME women are often primary carer givers that lack a voice and an awareness of their rights. Often, BAME women live in cultures where emotional and physical abuse is an acceptable norm, but they may be reluctant to reach out for support. Nasrine also noted many women from BAME communities find it difficult to articulate their experiences and where this happens, cultural ideologies and attitudes may serve to devalue these. Financial dependency, a lack privacy at home and being unable to venture out unaccompanied (including when accessing health care) also represent barriers for this group.

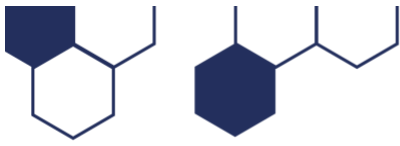


4 PARTICIPANTS PROFILES

Overall, the engagement programme successfully engaged with 480 people across GM.



Figure 1: Engagement activity participant profiles



5 FINDINGS

The engagement programme identified some key issues which are important to consider and address to ensure successful implementation of digital tools across GM primary care services.

Survey responses and discussion groups indicated a high level of agreement regarding the importance of the patient outcomes included in the outcome and standards framework (see appendix 1).

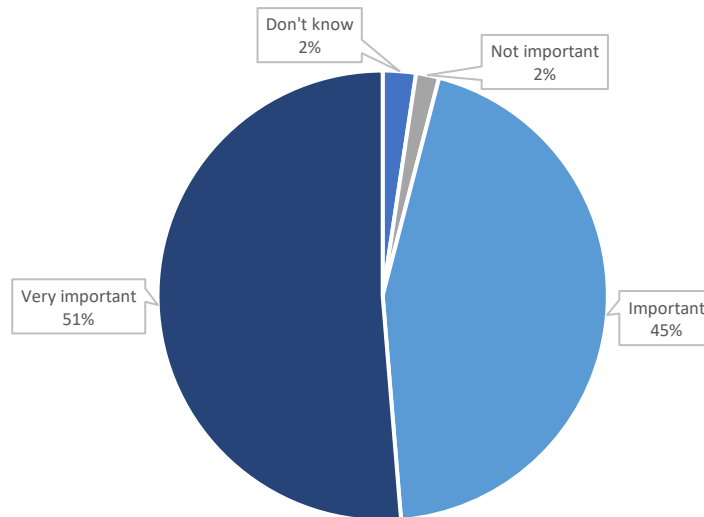


Figure 2: I will know when to expect a response

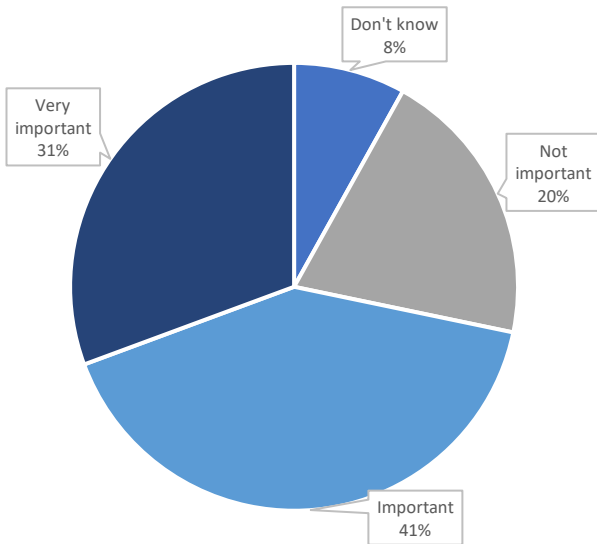


Figure 3: A follow up contact will be made within two days

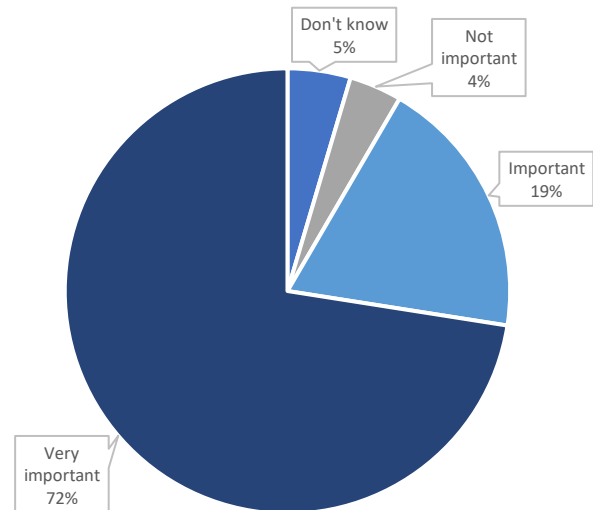
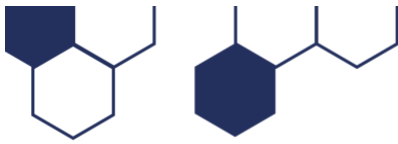


Figure 4: I can get access to an appointment, information or other service for the people I care for



Findings from analysis of the free text comments within the survey, and the discussion groups and interviews are reported within the following themes relevant to items within the outcome and standards framework:

- Getting access to GP services including online
- Receiving personalised care with choice regarding how to access services with the right professional
- Empowerment and support for self-management and care
- Support for carers to access care for someone they care for
- Additional issues: data security, co-production and training for professionals

Getting Access to GP Services including Online

A large number of free text comments were provided in response to the survey. Most of the comments were entered into the first comment box (302 comments provided) which asked the question:

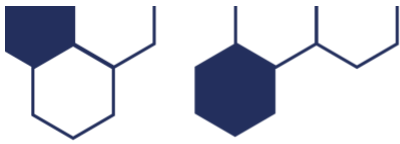
Please provide any comments about getting access to GP services since social distancing has been in place. Tell us about anything you think has worked well or how services can be improved?

In subsequent free text boxes, respondents commonly referred back to the first comment box where they had made comments about their experiences and any key concerns.

In order to summarise the key experiences and issues raised in response to this question, responses were coded according to descriptive categories using content analysis approach (as followed in previous work to analyse patient feedback)¹⁰.

A total of 16 codes were used to categorise the comments. Each response was assigned up to 3 codes as responses sometimes contained multiple sentences aligned to multiple codes). Categories were then combined to form 7 main codes within responses to this question. These are reported in table 1 below and the proportion of respondents providing a comment coded to each category is reported in figure 4

¹⁰ <https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr08280/#/abstract>



| Response topic | Number of comments coded according to each of the main categories |
|--|---|
| Efficient/ good access (including phone/ online) | 184 |
| Barriers to access (phone/ online) and tech problems | 110 |
| Long waiting time | 16 |
| Communication problems/ poor communication | 32 |
| Lack of confidence without face to face consultation | 22 |
| Routine care/ shielding | 19 |
| Other | 23 |
| Total | 406 |

Table 1: Category codes

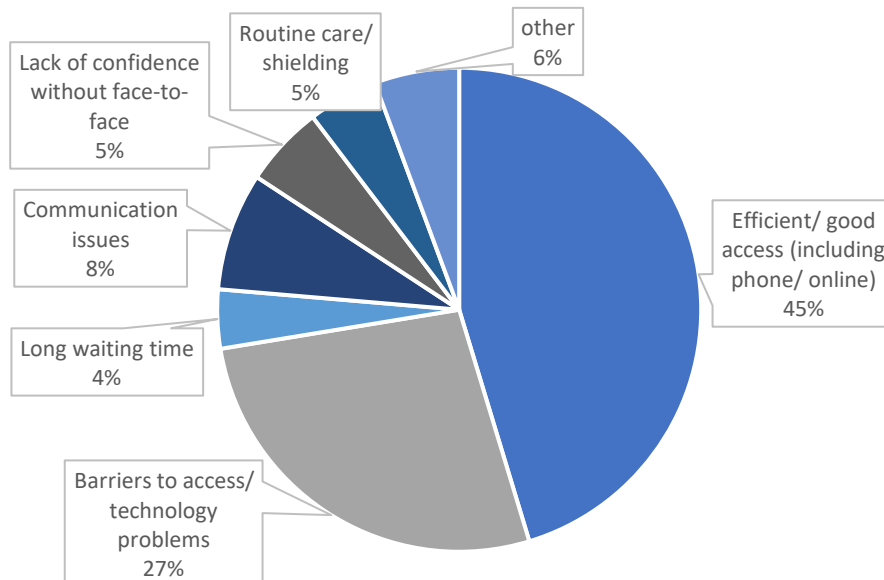
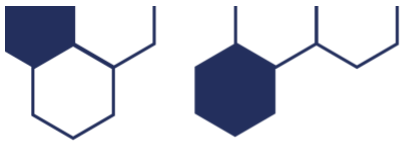


Figure 5: Survey respondent comments by category code



Good and efficient access

It can be seen that 45% of the coded comments referred to efficient and good access to primary care whilst social distancing has been in place (see example below) with a number of people commenting that access had improved compared to before the Covid crisis. A number of comments also referred to the benefits that seemed to come from effective triage and a speedy response.

Examples of comments referring to good and efficient access

Online request with telephone call from GP follow up, worked well. Better than trying to phone for an appointment

Had to get antibiotics for Covid related pneumonia, got them within an hour. I believe that kept me out of hospital

I stated that I didn't mind waiting a couple of weeks for a telephone consultation, but I got one the very next day!

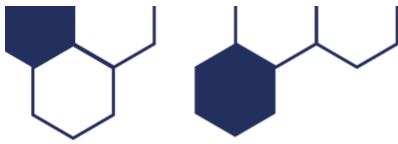
The best and most efficient way of contacting your GP and it also helps to free up the phone lines for elderly patients or those with no internet access.

Many people within the online focus groups also talked about their experiences of good and efficient access using digital methods, such as making appointments online or having telephone or video consultations:

- Two participants from the over 70's group reported a very positive experience of GP consultations using zoom; they did not feel rushed, were lots of exploratory questions and this increased confidence that health issues were being thoroughly investigated.
- Four participants (over 70's group) highlighted the convenience on-line and digital solutions provide; it avoided the need to travel and waiting times had been significantly reduced.
- Within the BAME discussion group 3 participants reported positive experiences during the pandemic. The availability and access to on-line services was explained to these patients over the phone. These participants valued the convenience of accessing health care from the comfort of their homes, without the need to travel.
- An interview respondent from a BAME community (African community organisation) reported positive experiences of on-line video consultations and good follow up
- Interview respondents (African and Nigerian community organisations) reported good communication and information by text and letter from GP surgeries

Barriers to getting access to primary care

More than a quarter of coded comments on the survey referred to barriers to getting access, including problems with the technologies being used, and problems with waiting time and poor response and follow-up. Additional key concerns reflected on communication barriers and some related concerns about patient safety and the possibility of things that might be missed (e.g. misdiagnosis) by not having a face-to-face appointment (see example below).



Very poor service was asked to send photo by smartphone but do not have one so was given antibiotics based on verbal description

Have only been able to contact via letter... they have done everything, apart from explain how to do it online!

Nothing worked well they didn't advertise the fact that I could use an email or patient access for me to book an appointment or ask for a repeat prescription

I could not get an online review despite multiple calls to the gp surgeries admin team for advice and support plus downloading 3 different apps, we ended up having a telephone review instead in the end.

I missed the call from the doctors and then my request ended, and I had to resubmit my request

I have had no choice in times of appointments... if I had a gp surgery appointment then I would be given a designated time to attend there but for a telephone appointment no time was given, just the day... frustrating

Our GP can't give you a time when they will phone so this is very difficult if you work.

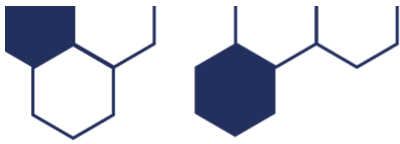
It would have been useful to have known approximate time that they would call.

Twice I was told to expect a video call but was called on the phone... an hour late.

I was unable to use an online service so used the telephone. The GP diagnosis was incorrect [long account of consequences provided]... I feel both abandoned by the NHS and neglected by my GP services due to this Covid crisis the least GP's could do is offer a What's Ap/Skype video consultation or for smart phones/ pc Open communication is crucial and the current situation has created a barrier

Within discussion groups, participants also talked about barriers to access and support needs for those who could not easily access primary care remotely. Discussions included:

- The need for clear, basic instructions on how to use/ access on-line services **that assume no prior knowledge** (over 70s, mental health and learning disabilities group, BAME community group and interviews).
- Guidance to help patient prepare for remote consultations was also identified as a gap.
- There was concern about digital inequalities (e.g. digital exclusion of older people and especially in BAME communities) and the need for appropriate alternatives to avoid making health inequalities worse (over 70s, BAME group, interviews with BAME community leaders).
- There was agreement that virtual consultations can create the potential for serious health conditions such as cancer to be mis-diagnosed (Over 70s, MHL D group).
- Concern that many people are unaware of the digital technologies and apps (AskmyGP, NHS) highlighting the need to raise awareness and provide support as people do not always have technologies or access to family or community groups to support them (Shielding group, BAME group).
- Language barriers (where English is not a first language) was a genuine concern as the risk of misdiagnosis is a real possibility. An interpreter should be available during consultations (BAME group, interviews with BAME community leaders).



- All participants reported that in general they were heavily reliant on extended family and/or local grass roots community groups, charities and neighbours for translation support and guidance. This reliance created concerns as supporters may be busy or not turn up on time, to assist with appointments (BAME group).

Receiving personalised care with choice regarding how to access services with the right professional

Many respondents reported negative experiences of accessing GP services during the pandemic when they were unable to get access using their preferred method of contact or preferred mode of consultation. In these cases, people often referred to their personal circumstances and health care needs that influenced their reason for wanting access, and especially where they valued face-to-face interaction (see example below).

It is not now possible to make a "face to face" appointment with a doctor. The online query system is not responded to with a doctor's answer but relies on a computer algorithm to advise.

We've received texts, largely telling us to stay away. Have felt very unwelcome. Can access telephone consultations, which have been OK, but I don't like it. Would prefer visual option.

I am in the age group that feels although we can and do online services for most things, actually consulting with a GP should be a face to face experience even while social distancing

Following the telephone appointment I then went to see the gp and have been referred to the hospital under the 2 week rule but I had to wait for a female gp to be available and did not want to discuss my personal symptoms with a male receptionist who was very young who did not seem to understand why I did not want to speak to a male gp who I did not know as opposed to a female gp who I have known for many years.

There was no option to request care from a specific gp. When I was ill, I spoke to 3 different doctors over a 2-day period. This definitely could have been improved

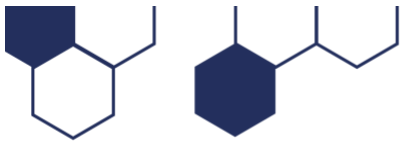
No f2f which is terrible as my mental health stops me using a phone

My GP has only offered phone appointments. As somebody who suffers major anxiety with phone calls, this has put me off contacting them- and has made conversations much harder when I have had to speak to somebody.

Nothing worked well What would have helped would have an online visual consultation and not just a telecom

It seemed in-personal ... I prefer a F2F appointment

It really matters to me to have the continuity of speaking to my own GP as I find that speaking to a Doctor/Locum who has never met you before lacks the same level of care and in-depth knowledge as at least half your consultation is spent bringing them up to speed



Participants in online discussion groups also discussed issues and experiences related to personalisation of care and choice when accessing services:

- Two group members of the over 70's group pointed to the impersonal nature of online services and wanted reassurance that technology will not totally replace face-to-face consultations (also reflected in online comments and the shielding group)
- There were concerns within the MHLD group that changes to GP services and an absence of face-to-face contact can cause confusion and anxiety for people with additional needs and could lead to prescribing errors and miscommunication.
- Participants highlighted the need for maximum flexibility based on personal needs as 'one size does not fit all', (MHLD group, shielding group)
- Patients should be able to exercise choice regarding which GP or health professional they see. Continuity was highlighted as crucial to person centred care (MHLD, shielding group).
- Some members of the BAME discussion group 'felt sad' that they could no longer see their GP face to face and preferred to wait for the situation to get back to 'normal' before accessing healthcare, causing delays and potential further deterioration in health problems.
- Digital tools were viewed as having potential to empower introverted patients who struggle to communicate face to face (HInM PCIE panel) and some survey comments reported there can be a preference for online consultations for some (not all) sensitive health problems.

Empowerment and support for self-management and care

This topic was raised as particularly important for people with existing health conditions where there were acknowledged needs for support with their self-management and continuity of care. See examples below made in response to the survey.

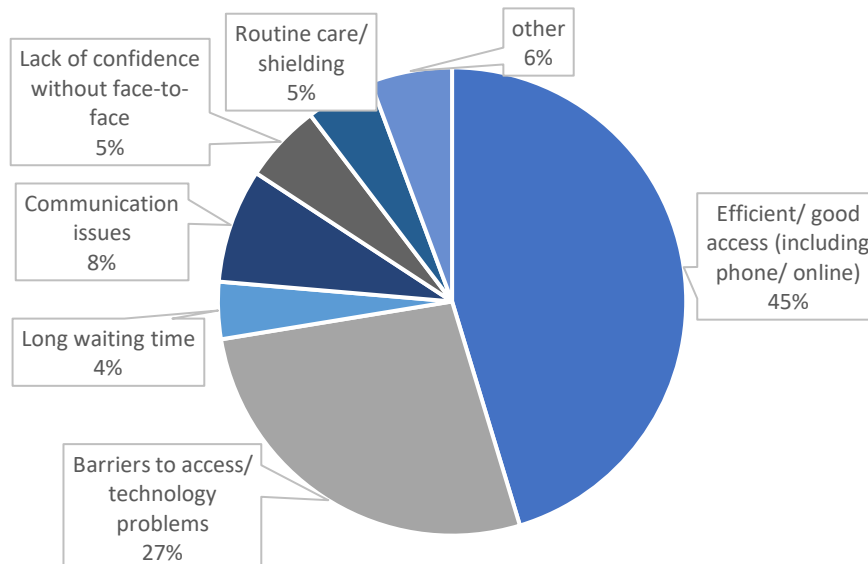


Figure 6: I can request the surgery contacts me using my preferred method

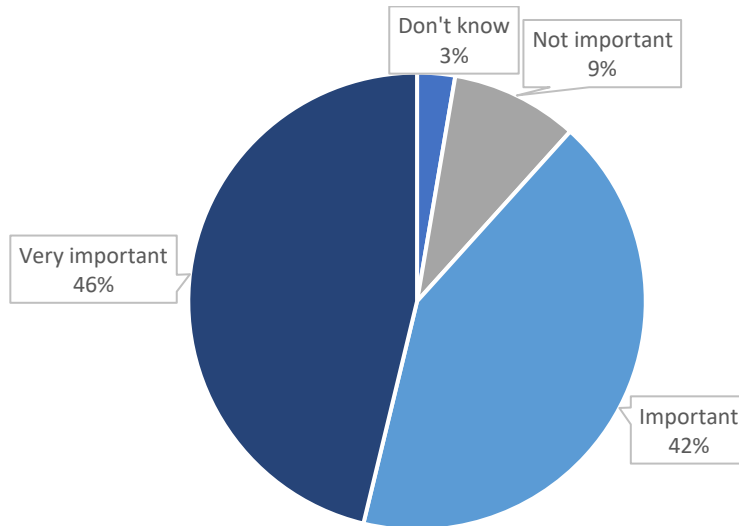
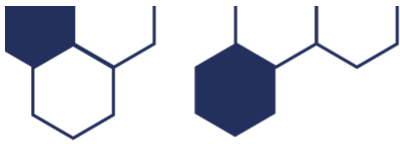


Figure 7: Choice of professional

My GP surgery knows I'm completely a self-manager of all my medical conditions and they know how important that is for me at all times. I'm lucky in that I feel like a "team" with my GP surgery doctors and my hospital doctors.

I have had a number of telephone appointments that met my needs and a video appointment... great. As I have underlying health issues it's important to me to feel safe, so this was better than having to go to the surgery

Yes, it was my usual GP who knows my situation who called me. Second occasion was via a receptionist with access to my records who understood my request and offered me an appointment.

They haven't answered the phone, I need face to face treatment. This has led to an unnecessary referral to a specialist at the hospital... Econsult and the AI doesn't work well for my conditions.

I went to an appointment with the practice nurse when I couldn't get to see the doctor. It was a waste of my time, as was the follow up ecg again with a different practice nurse.

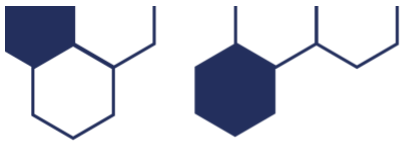
I am shielding and would have appreciated more support in terms of them checking how I am coping with my physical health and my mental health

Contact due to regular blood tests and feeling unwell, all worked well, but slow at getting back to me with results, if not at all

It is very important to give all patients with patient access accounts full access to their consultations, results, repeat prescriptions etc which would then minimize calls / messages to the surgery

You can only get help if you are an emergency on the day. There is no information advising me either from the CCG or the GP practice on what they consider an emergency, so I am left to manage things myself.

I did not feel supported on any level. I am living with a long-term chronic illness as well as other conditions.



It really hasn't worked . I have complex needs and under care of several consultants trying to coordinate my care with someone who doesn't know my history is very hard

Within the discussion group participants also highlighted issues and experienced related to empowerment and support for self-management:

- Four of the 5 participants in the shielding group had experienced a positive experience of using digital platforms during the pandemic and this included both video conferencing and ordering repeat prescriptions online.
- One group member of the shielding group used on-line services to view monthly tests results and found this a convenient way to monitoring and self-manage. Self-identifying potential problems with test results was also reported to create a sense of empowerment.
- Two participants were using different apps to access GP services (Patient Access' and the NHS App) noted that despite the investment of public money, the apps do not appear to have been widely promoted and are therefore under-utilised by patients. Greater emphasis on training and awareness around the benefits on patient care could increase uptake.
- Public health messages around restrictions, social distancing and new ways of working were considered confusing (MHL D group).
- New ways of working also place those with additional needs at a disadvantage. For example, the requirement to collect prescriptions from the surgery assume patients are mobile, live within walking distance or have access to a car/public transport. A prescription delivery service could help address these issues (MHL D group).

Support for carers to access care for someone they care for

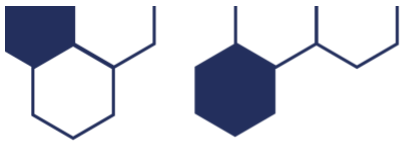
A number of respondents to the survey mentioned positive experiences of accessing care for someone they are a carer for. A number of respondents also talked about particular concerns regarding communication for those they care for, but also in being able to access services and have good communication with health professionals to ensure the person they cared for received appropriate healthcare and support (see examples below).

Can access appointments if necessary, not always required. Useful for prescription repeats and checking availability of treatment.

Locked down for Eighteen weeks with a friend from afar... Was able to source electronic prescriptions from remote GP to local Pharmacy! Excellent!

GP surgery has me recorded as having authority to talk about my mother and works equally well digitally as traditionally

My mother is in 80s and I need to get access for certain medical things, but it can be really difficult, particularly as we do not have the same GP. She is hard of hearing and easily confused so it's important the medical professionals dealing with my mum contact me or my sibling



Found it harder as people with hearing problems are not taken into account

Before social distancing my daughter gave me the authority and right to discuss her care. When a doctor called to speak with my daughter, the doctor wanted to speak to my daughter to get the confirmation from her ...even though it was in her file.

My only issue is my mum lives in [other area]. I can't ring 111 at a weekend as I am in a different PCT area. My calls cannot be transferred. I have been shielding, so couldn't go and make the call myself

Within interviews one respondent (African leader) suggested:

- It would be helpful if digital platform included the option of family logins to assist parents and carers.

Other comments within the discussion groups highlighted the importance of flexibility, information and support for those with caring responsibilities (see section on getting access), especially for BAME communities.

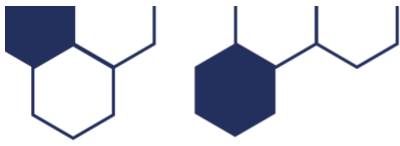
The HInM panel made additional points relevant to carers experience of accessing services on behalf of someone they care for:

- From a carer's perspective, it would empower individuals and allow people to support themselves more in healthcare.
- Pressure on carer's would also be alleviated by allowing access to services which fully understand a patient's needs
-

Additional issues concerning data security, co-production and training for professionals

A small number of comments within the survey, and within online discussion groups raised additional issues related to data security, and the need for co-produced solutions that would support access to services (see also section on access to primary care), including training for health professionals:

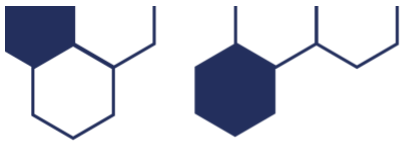
- Participants highlighted concerns and require reassurance around safeguards to prevent any misuses of health data (BAME community group, online survey).
- Participants within the BAME discussion group advised that they would prefer a digital device installed in their home dedicated to GP access and medical support.
- Participants who were shielding were concerned that GP's and health care professionals have been trained to deliver care through face to face contact and thought training should be developed and provided (Shielding group and over 70s group).



6 OPPORTUNITIES TO SUPPORT SUCCESSFUL IMPLEMENTATION OF DIGITAL TOOLS

The findings of the public community involvement and engagement team have identified some opportunities to support the successful implementation of digital tools in primary care services across GM:

- GPs and practice staff require training on digital solutions as this would help instil confidence in patients that they were equipped with the necessary skills to conduct remote consultations and online triage
- Engage and involve Practice Patient Participation Groups to identify Digital Champions in practice communities who can support patients that would benefit from access to online GP services, so patients improve digital literacy and do not have to rely on family or carers for support to navigate digital tools
- Patients require clear, basic instructions on how to use and access digital services that assume no prior knowledge of using digital technologies and ensures accessibility to different patient groups
- Communication about change is vital to reassure people that technology will not take away their choice to still telephone for an appointment, have a face to face consultation where this is their preference and that their data will be safeguarded
- Communication should be carefully managed and tailored for different communities so that all patients know how to access services
- It should not be assumed that all patients have access to digital devices or have the digital literacy to navigate GP services available online, practices should seek to support access to digital tools
- For those that rely on family or carers it would be helpful if digital platforms included the option of proxy logins
- Digital solutions should be used to optimise consistent, person-centred care and clinicians should have prior access to medical records
- Digital solutions should be developed in partnership with patients to ensure they are user friendly



7 CONCLUSION

The findings and overarching themes reported above from the patient community engagement through the online survey, virtual focus groups, and telephone interviews have provided some indication of how GM primary care services are currently performing in relation to key items within the standards and outcome framework.

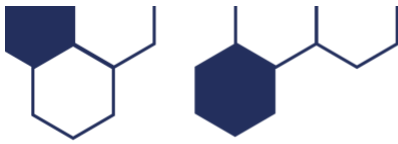
A large proportion of respondents to the survey and discussion group participants agreed that they had good access to primary care services recognising the benefits of digital tools supporting social distancing, reducing pressure on the NHS and increasing capacity. Digital tools also enhanced patient experiences, home consultations removing travel time and enabling access to self-management tools. In some cases, it was reported that remote consultations enabled a more personalised approach. These are positive findings as organisational and technology changes have been occurring rapidly in response to the pandemic. It is also encouraging that many people have had good experiences in using new systems and technologies during the initial months of the pandemic with flexibility and choice identified as two of the most important factors as “one size doesn’t fit all”.

Conversely, there are still many barriers to accessing primary care based on perceived need. In many cases, respondents reported difficulties in using new systems and digital methods even though they perceived themselves to be digitally literate. There were particular concerns regarding the elderly or those with disabilities, and where people may be lacking adequate familiarity or skills with technologies. This indicates the need for efforts to provide support and information that are crucial during this period of rapid digital transformation within primary care services.

A large proportion of survey respondents and participants reported a lack of choice regarding communication with their surgery, and many were concerned about the lack of options for face-to-face consultations. In some cases, respondents felt that the wrong decisions had been made about the type of consultation required, and some suggested the need for mechanisms to improve such decision-making. These issues were of concern for people with existing long-term conditions, or where there might be potentially serious symptoms. There were also multiple comments where people thought that routine care and follow-up had been marginalised during the pandemic. Again, patients also recognised the need for some changes in order to enable effective response during the pandemic, however, there was also a concern about the need to ensure routine care and follow-up going forward.

Other concerns and views that emerged where:

- The requirements of BAME communities also needed to be recognised when triaging calls; patients with communication or language
- Digital Literacy; it should not be assumed that patients have family or a carer to assist their access to healthcare and these groups may need alternative solutions or provision
- Busy phone lines are a barrier for patients accessing services
- There is a need for information and technical support to enable access using digital tools
- Virtual consultation should be supported by training for GPs and practice staff but there should also be guidance for patients around what to expect and how to get the best support for their self-care
- Digital solutions can feel impersonal and face-to-face consultations and continuity remain important to patients.



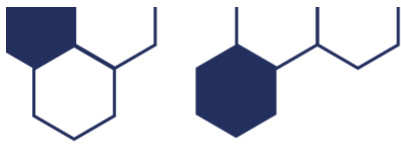
- There is a genuine concern that remote consultations could lead to the misdiagnosis of serious health conditions or other patient safety errors

Whilst items within the multiple domains of the framework were identified as important or very important (see section X reporting quantitative analysis), this section has provided some more detailed insights to indicate work needed to support the successful meeting of targets within the framework as this is implemented and rolled out across Greater Manchester.

8 CONTRIBUTIONS & ACKNOWLEDGEMENTS

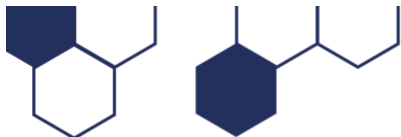
The online survey was developed by PCIE team members in partnership with public contributors (Caroline Sanders (Professor of Medical Sociology, PCIE lead for NIHR ARC-GM & MAHSC), Nicky Timmis (HInM PCIE Manager), Sue Wood (Operations Lead for NIHR ARC_GM), Nasrine Akhtar (Public contributor, member of HInM PCIE panel and lead for 'Awakening Minds'), and Nick Filer (Public Contributor, HInM PCIE panel). Descriptive statistics for responses to online survey were analysed by Craig Dobson (HInM Project Support Officer). Free text responses were analysed and reported by Caroline Sanders. Online discussion groups were coproduced and facilitated and reported on by Nicky Timmis, Nasrine Akhtar, and Paul Hine. Drafting of the report was completed by Caroline Sanders, Nicky Timmis, Anthony Eromosele, Nasrine Akhtar, Paul Hine and Laura Rooney (HInM Director for Corporate Affairs and Strategy).

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APPENDIX 1 - Patient Expectations and Requirements

| | EXPECTATION | REQUIREMENTS |
|---|---|---|
| 1 | <p>I want a timely response to my health query with appropriate follow-up...</p> <p>... so that I know when I can expect a response and that it will be appropriate to my clinical and personal circumstances</p> | <ol style="list-style-type: none"> 1. Patient/carer can easily log their health condition via the digital tool 2. Defined response times to queries categorised in accordance to type (e.g. urgent, routine etc) 3. Follow up is part of service offer to patient/carer following care/treatment outcome |
| 2 | <p>I want personalised care and treatment according to my specific needs and preferences...</p> <p>... so that I can be sure the right treatment and care is provided by the right professional, at the right time to suit me</p> | <ol style="list-style-type: none"> 1. Patients able to request contact from named healthcare professional via digital tool 2. Patient choice offered around mode of engagement (e.g., text, email, phone, video, face to face) 3. Clinician able to access relevant medical information at the point of care |
| 3 | <p>I want to be empowered to look after my own health and wellbeing...</p> <p>... so that I can coordinate my own care, around my needs, in collaboration with my GP or healthcare professional</p> | <ol style="list-style-type: none"> 1. Ability to self-serve for routine requests (e.g., repeat prescriptions) via digital tool 2. Signpost to recommended self-management and digital support tools 3. Ability to view/contribute to personal health record and care plans |
| 4 | <p>I want to be able to access the service on behalf of someone I care for...</p> <p>... so that carers are valued rather than viewed as vulnerable</p> | <ol style="list-style-type: none"> 1. Ability to use proxy measures to access the service on someone else's behalf. 2. Ability to share care plan with patients and carers |



APPENDIX 2 - Example Sample of Online Survey Questions

QUESTION 2 - Getting a response at the right time and in the way that I choose

If you were contacting your GP practice online using digital technologies, how important would the following be to you:

| | |
|---|---|
| | Please circle your answer |
| 1 | I will know when to expect a response Don't know Not important Important Very important |
| 2 | The response I get from the GP surgery, will reflect how urgent my enquiry is Don't know Not important Important Very important |
| 3 | A follow-up contact will be made to check on me within 2 days of receiving care Don't know Not important Important Very important |
| 4 | I can request the surgery contacts me using a method that works best for me and at a time that is best for me whether that be by phone, text, email, video or a face to face appointment Don't know Not important Important Very important |
| 7 | If you have contacted your GP services since social distancing has been in place, please tell us about your experience of this. What worked well and what could have been improved? |